

**REQUEST FOR TUITION ASSISTANCE - ARMY CONTINUING EDUCATION SYSTEM****CONTROL NUMBER**

For use of this form, see AR 621-5. The proponent agency is DCSPER

Data required by the Privacy Act of 1974 found on Continuation Sheet which must be completed once per fiscal year.

**1. APPLICANT DATA**

A. APPLICANT'S NAME (Last, First, MI) B. SSN C. ETS D. MOS E. DEGREE PLAN F. BPED

G. ORGANIZATION AND LOCATION OF ASSIGNMENT

**2. SCHOOL DATA**

A. NAME OF SCHOOL

B. ADDRESS

**2b. ARMY COUNSELOR DATA**

Name:

Phone:

**3. COURSE DATA**

A. DEPT & NUMBER	B. TITLE	C. DAYS OF THE WEEK	D. HOURS OF MEETING	E. COST PER HOUR	F. NUMBER OF CREDITS	G. FEES	H. TOTAL COST	I. DELVY MODE	J. PAID BY ARMY	K. PAID BY SOLDIER
L. COURSE BEGINS	M. COURSE ENDS	N. CAP APPLIED AMT	O. TOTALS							

**4. REVIEW**

I HAVE REVIEWED AND COMPLETED DA FORM 2171 CONTINUATION SHEET.

COMMANDER/REPRESENTATIVE CERTIFICATION: SOLDIER IS NOT FLAGGED IAW AR 600-8-2, PARA 1-12 . ANTICIPATED DUTIES WILL PERMIT ATTENDANCE.

A. SIGNATURE OF APPLICANT B. TELEPHONE C. SIGNATURE D. TYPED NAME E. OFFICE TELEPHONE

**5. TUITION ASSISTANCE IN THE AMOUNT INDICATED IN ITEM 3N(5) ABOVE IS APPROVED**

A. TYPED NAME OF CONTRACTING OFFICER'S REPRESENTATIVE B. SIGNATURE C. OFFICE TELEPHONE D. DATE

**6. FISCAL**

A. CONTRACT NUMBER B. CHARGEABLE TO ORDER NUMBER

C. ACCOUNTING CLASSIFICATION

D. INSTITUTION WILL MAIL INVOICE TO:  
Mass. Army National Guard, Education Office, 50 Maple Street, Milford, MA 01757-3604**7. CONSENT TO RELEASE. BY SIGNING THIS FORM, SOLDIER AGREES TO RELEASE PELL GRANT INFORMATION, GRADE REPORT, AND WITHDRAWAL INFORMATION TO THE SERVICING ARMY EDUCATION CENTER. THE INSTITUTION AGREES TO NOTIFY THE SERVICING ARMY EDUCATION CENTER OF COURSE WITHDRAWAL WITHIN FIVE DAYS AND SUBMIT OFFICIAL GRADE REPORTS WITHIN 30 DAYS OF COURSE COMPLETION OR IN ACCORDANCE WITH CONTRACT OR MEMORANDUM OF UNDERSTANDING.**

FOOTNOTE: